



# Report on Effectiveness 2015

Swiss International  
Cooperation in Health  
2000-2013



Schweizerische Eidgenossenschaft  
Confédération suisse  
Confederazione Svizzera  
Confederaziun svizra

**Swiss Agency for Development  
and Cooperation SDC**

## **NIRAS A/S**

This report is the result of an assessment carried out by NIRAS A/S for SDC through field visits to five major SDC cooperation countries (Benin, Kyrgyzstan, Moldova, Mozambique and Tanzania) with a focus on 25 major programmes in these 5 countries. This was supplemented by a document study of 32 additional programmes and projects. The report presents a synopsis of the effectiveness of SDC's health assistance in the period from 2000-2013 and is based upon the 900-pages technical report: 'Report on Effectiveness of the Swiss International Cooperation on Health Interventions 2000-2013'. Copies of the technical report may be requested directly from SDC.

# EDITORIAL

---

Health is an international common good and the fundamental right of every human being. It is vital to reducing poverty and its importance for human development is beyond question.

In the lead up to the adoption of the post-2015 agenda, this report analyses the effectiveness of SDC activities between 2000 and 2013 in the health sector. The Millennium Development Goals (MDGs) adopted in 2000 had a major influence during this period. Although significant progress has been made, it has become clear today that the health-related goals will not be met.

In the period covered by the report, the health context has changed considerably. These transformations have had a big impact on the work of the SDC. Where state and multilateral actors have dominated in the past, today a significant proportion of funding comes from new stakeholders (private sector, funds, etc.), which have taken on a major role in the development cooperation architecture. This change obviously has consequences for our work as well as for that of our partner countries, particularly when it comes to coordinating activities and ensuring their coherence.

Accountability and transparency requirements oblige us to regularly review our activities' effectiveness. This report is the fourth in a series of reports on effectiveness in the water sector (2008), agriculture (2010) and on climate change (2014). Independent experts have conducted an analysis of a representative sample of our projects to determine to what extent our activities met the desired objectives in improving people's health and therefore living conditions in our partner countries.

The Report on Effectiveness 2015 indicates that our activities have a significant positive effect. The SDC's distinctive approaches are appreciated and recognised as determining factors in the success of our projects. Our long-term commitment and flexibility, for example, help us to build relationships of trust with our partners in various countries. Our decentralised activities complement and combine with our work at the national level. This means that years of local experience helps us to support national reforms and exert a greater influence on the normative framework and international political dialogue on health. In keeping with this approach, we must emphasise coherent and complementary action at the bilateral and multilateral levels.

Our priority is to help partner countries improve their healthcare systems to make health services available to the poor. We also need to further improve our results orientation and our monitoring processes. It goes without saying that in the field of international cooperation we face many challenges and are confronted with various problems in our partner countries: shortage of qualified staff, inadequate infrastructure, inefficient allocation of funds and underinvestment. That is why it is important to conduct an in-depth analysis of the context before undertaking any activity and to coordinate our work with the other aforementioned actors.

However, the results of this report show that our approaches are suitable and effective and encourage us to continue in this direction.

I am pleased to present this report and wish you a stimulating read.

**Manuel Sager**



Ambassador, Director-General of the SDC

# CONTENT

---

<b>Results at a glance.....</b>	<b>5</b>
<b>Introduction.....</b>	<b>6</b>
<b>Methods.....</b>	<b>8</b>
<b>Effectiveness of Swiss projects .....</b>	<b>10</b>
<b>Strengthening health system.....</b>	<b>12</b>
<b>Empowering communities.....</b>	<b>15</b>
<b>Reducing the burden of communicable and non-communicable diseases .....</b>	<b>19</b>
<b>Improving maternal and child-related health.....</b>	<b>23</b>
<b>Multilateral organisations and NGOs.....</b>	<b>26</b>
<b>Conclusions and lessons learned.....</b>	<b>29</b>

---

# RESULTS AT A GLANCE



**SDC health interventions work well. SDC's commitment in all four key areas of its health policies have demonstrated effectiveness. Room for improvement remains regarding geographical focus and processes.**

## **Effective interventions**

SDC health interventions are generally effective. This is the conclusion from the assessment of 57 SDC health initiatives in 28 countries and regions, five of which were visited for the assessment covering the time span from 2000 to 2013. The majority of the interventions were found to be relevant, well planned and operational for appropriate time periods.

## **Effectiveness in all four key areas of health priority**

The two SDC policies, covering the years from 2003-2010 and from 2013 onwards, prioritise interventions in four key areas: (i) Strengthening health systems, (ii) Empowering communities, (iii) Reducing the burden of communicable and non-communicable diseases, and (iv) Improving maternal and child-related health (including sexual and reproductive health and rights). All four areas demonstrate effectiveness. Given that these topics prove to be challenging areas of intervention, the success of the SDC programmes is remarkable.

## **SDC as a trusted partner**

SDC follows a robust partnership approach. Such an approach is particularly vital in a situation where increasing inequality and poverty calls for stronger partnerships within the international community. In combination with long-term commitments, this has led to SDC being viewed as a trusted advisor both in national policy making as well as in the overall coordination of health initiatives and donors.

## **Reaching the poor**

Many SDC interventions have allowed a greater proportion of funds to reach the poor. SDC's use of communication – in combination with decentralised projects – has helped to inform and empower marginalised communities. Community initiatives have enabled previously deprived communities to access basic health services.

## **Building bridges on institutional levels**

The ability to mobilise Swiss key institutions and capacities is SDC's strength. The Ifakara Health Institute in Tanzania has become a world-renowned research institution thanks to institutional ties with Switzerland and close collaboration with other donors such as the Swiss Tropical and Public Health Institute (STPH).

## **Rising costs**

Regarding joint funding schemes (frequently referred to as pooled funding), the assessment finds that, in some countries, the transactional costs for the local authorities and international partners appear to increase. The higher costs are mainly because of management constraints related to weak reporting systems.

## **Fewer countries and improved processes**

In the future, SDC performance could be improved in a number of ways, e.g. by reviewing and further concentrating health initiatives in countries having health as a key priority. This would allow a tighter focus for the health initiatives. In addition, the level of effectiveness could be improved through the adoption of more streamlined internal processes: from documentation accessibility to procedures that reinforce the quality and clarity of reviews and evaluations.

# INTRODUCTION

**Health is an essential factor when aiming to reduce poverty, improve social security and promote peace and economic stability.**

## **SDC accounts on the means used and the results achieved**

In order to enhance transparency and recognition of the Swiss International Cooperation as a result-oriented and effective instrument of the Swiss foreign policy, SDC has committed itself in the 2013-2016 dispatch to Parliament on international cooperation to provide a full account of the means used and results achieved. SDC hence regularly publishes reports with the purpose of informing the interested public as well as the members of the Swiss Parliament regarding the effectiveness of Swiss international cooperation. The present report is devoted to health and covers a period of 13 years, from 2000 to 2013. During this period, SDC supported various bilateral initiatives, and made substantial financial contributions to multilateral organisations and NGOs.

## **SDC is the major Swiss actor providing financial and technical assistance to health sector partners in developing countries**

Health is an important theme in SDC's portfolio. It represents about 10% of its overall budget and is a focus area of work across the whole agency. Health is also one of SDC's five Global Programmes, which have been established to address major global development risks. The two SDC's health policies, which cover the periods 2003-2010 and from 2013 and onwards, define the focus of SDC's activities and priorities within the health sector. The strategic orientation of SDC's interventions in the health sector is also guided by a constitutional mandate, its corresponding Bills to the Parliament as well as by the Swiss Foreign Policy on Health.

## **SDC health focus reflects UN development goals**

Health is an essential factor when aiming to reduce poverty, improve social security and promote peace and economic stability. SDC's strong emphasis on health is generally in line with the global development agenda: 2000, the UN defined eight Millennium Development Goals (MDGs) that highlight the most urgent development challenges on a global

scale. Three out of these eight MDGs are directly related to health; (1) Reducing child mortality; (2) Improving maternal health and (3) Fighting HIV/AIDS, malaria and other diseases.

## **Improving the health of the population and of the poor in particular**

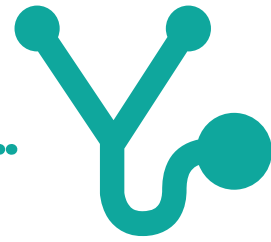
SDC provides both short- and long-term assistance to strengthen health systems, reduce illnesses, improve maternal and child-related health and support community health action. SDC's interventions focus particularly on primary health care with the intention of making essential services universally accessible. Where necessary, this is supported by secondary health care initiatives provided by medical specialists and other health professionals. This approach aims at serving the majority of the population and responding to major health problems. At the same time it ensures SDC's emphasis on making health services available for the poor.

## **Health development is influenced by many factors**

The goal of creating sustainable and lasting health improvements for communities and individuals alike is in itself a complex matter that is further complicated by a number of social determinants. Social determinants such as access to nutrition, education, water and sanitation, play a crucial role. A similar important factor is the reduction of unequal distribution of these social determinants.

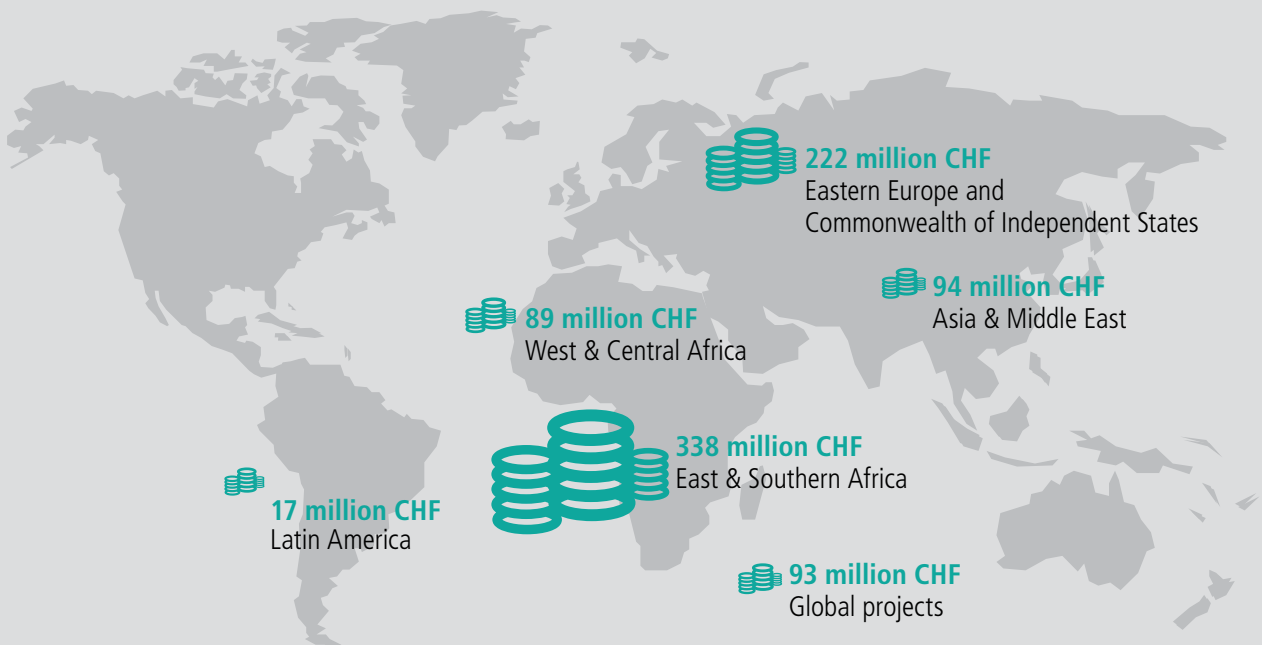
## **Aid Effectiveness through defined principles**

Over the last decade, the international debate on the so-called Paris Agenda has led to the principles of 'aid effectiveness' acquiring the connotation of ownership, harmonisation, alignment, results-based management and mutual accountability. The assessment in this report uses OECD/DAC terminology, which defines effectiveness as "a measure of the extent to which an aid activity attains its objectives". In an operational context this means that effectiveness is defined as the extent to which an intervention is likely to contribute or has contributed to achieving the intended purpose.



## Swiss focus on Africa

The SDC is mostly financing health projects in African countries (2000-2013).



# METHODS

The effectiveness assessment is based on a careful analysis of 57 projects. 25 projects were visited in the field, in five different countries. An additional 32 projects were subject to documentary analyses.



## Capturing the true value

The projects and interventions analysed in the assessment cover a wide range of activities. A similar degree of diversity lies in the contexts: From a project such as 'Regionalisation of Paediatric Emergency and Intensive Care Services in Moldova' to a project in Northern Mozambique, focusing on community empowerment and installing bicycle ambulances. When assessing the effectiveness and success of these various projects and interventions, the methodology applied needs to be adaptive and flexible in order to correctly assess the true value of each activity.

Moreover, SDC's health policies underline the need for country ownership in development interventions. They also highlight that aid allocation should be based primarily on results that can be monitored. While these approaches promise to improve aid effectiveness for well-governed developing countries, they pose a significant challenge for more fragile and/or poorly governed states. It is important to

take this factor into consideration when discussing or analysing Swiss health interventions.

## What is effectiveness?

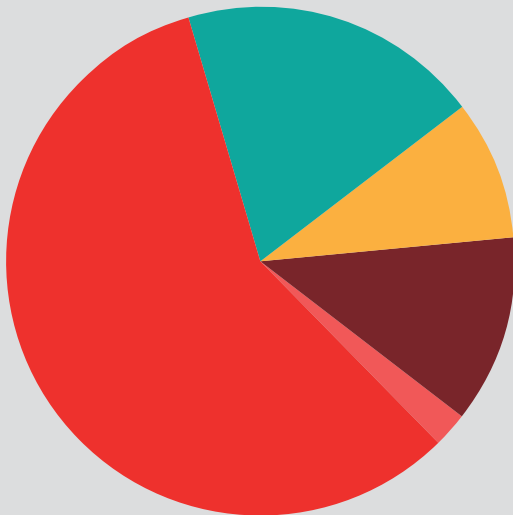
In order to draw a comprehensive and valid picture of the performance of the SDC health projects, the assessment worked with a broad definition of effectiveness that also covers other DAC evaluation criteria such as relevance, efficiency, impact and sustainability. 13 generic assessment questions were developed to cover the different assessment areas that all play a role in the overall assessment of effectiveness. These questions serve as a basis for the screening of all interventions into a five-level scoring system. The lowest score of 0 is given to interventions with no or only partial results attained. The highest score of 4 is given to interventions with results that are fully attained and that have quantifiable and beneficial impact on people's lives.






The information used to answer the assessment questions was derived from a number of sources, in-





### The funding of the four key areas\*



-  **19%** Empowering communities and users of health services
-  **9%** Reducing the burden of communicable and non-communicable diseases
-  **12%** Improving maternal, new-born and child health as well as sexual and reproductive health and rights
-  **2%** Other
-  **58%** Strengthening health systems

From 2000 to 2013 58 cents of every Swiss Franc in funding for health related development aid went to strengthening health systems. It covers a wide range of efforts, from administrative systems to infrastructure that ensures that medicine and equipment is distributed to where it's needed. The funding for empowering communities and maternal and child health were other high priorities.

\*Percentages are based on the 57 analyzed projects.

cluding key project documents, evaluations, reviews and project proposals. The information was compiled through interviews and/or visits to the projects or through document studies and an online questionnaire.

#### Representativeness of the assessed projects

Between 2000 and 2013, SDC funded a total of 670 bilateral health projects with an investment of around 900 million Swiss francs. Out of these 670 projects, 93 projects (representing 70% of SDC's investment between 2000 and 2013) were selected by SDC based on two main criteria: The projects must have completed at least two implementation phases and have disbursed an average of at least 600,000 Swiss francs (development projects) or 300,000 Swiss francs (humanitarian projects) per project phase of 3 to 4 years.

Out of these 93 projects, preselected by SDC, 25 projects in five countries – Tanzania, Benin, Mozambique, Kyrgyzstan and Moldova – were selected by the consultants for in-depth case studies and field visits. Of

the remaining 68 projects, 32 were selected by the consultants for document study analysis. In total, the 57 projects assessed represent 54% of SDC's investment between 2000 and 2013. Such an approach allowed complementing the indirect evidence from the review of the project documents with direct evidence collected during field visits.

The overall representativeness of the project sample ensures that conclusions can be assumed to have more general validity. The analysis also used supplementary information (e.g. evaluations and interviews) compiled from multilateral organisations, Global Health Initiatives (GHI) and international networks.

# EFFECTIVENESS OF SWISS PROJECTS

In all of SDC's four key areas the combined effectiveness score is relatively high. 61 % of all interventions proved to be effective.

## High general effectiveness score

The assessment of the effectiveness of SDC health interventions carried out between 2000 and 2013 was very favourable. The effectiveness index scores indicate that SDC health interventions are in general very effective. This would indicate that SDC cooperation interventions in different parts of the world contributed to positive and sustainable change and better lives for many people and communities.

## Relatively high effectiveness in all four key areas

In all four key areas of SDC's health policies the effectiveness index is between 2.4 and 3.3.

**1. Health systems strengthening:** building health systems that can provide universal health coverage.

**2. Empowering communities:** supporting community based health initiatives and advocating for the role of communities in planning and monitoring health services.

**3. Reduce the burden of communicable and non-communicable diseases:** promoting healthy lifestyles and preventing diseases.

**4. Improving maternal and child-related health:** improving maternal, new-born and child health. Interventions in this key area also include sexual and reproductive health and rights

## 61% of all projects show positive and desired change

In total, 61% of the 57 interventions were rated with a 3 or 4 and demonstrated positive and desired change. 28% of the 57 interventions that were rated with a 2 fully attained their expected results within the timeframe but their purpose and effectiveness weren't fully attained yet. The overall average effectiveness score was 2.9. Among the 57 interventions that were analysed, only one project was considered as failed.

## Focus on sustainability still critical

Sustainability plays an important role in securing continuity and building long-lasting health improvements. During recent years, the focus on sustainability has improved. However, it remains critical for the SDC projects to enhance the level of sustainability by making governments and ministries of health assume greater ownership and live up to their commitments. This also applies to development partners: Although SDC interventions are generally well embedded in the local organisational structures, it would be possible to devise better exit strategies in many cases.

## Projects relevant from the outset

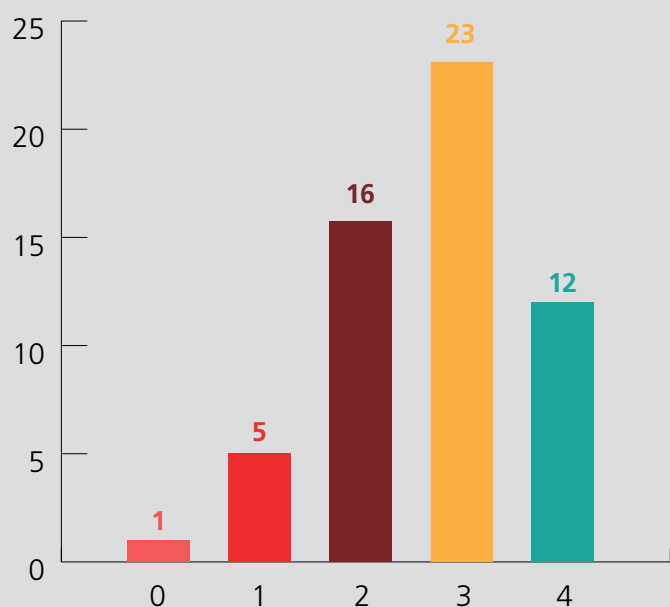
Most SDC health interventions have been well conceived, making them relevant from the outset. Their time perspectives are appropriate and they are generally suitably resourced. Their implementation is well managed within a flexible framework and most have been subject to regular review and evaluation, which enable adjustments to be made, if required.

This conclusion is based on the documentation of the interventions and on field visits, where informants unanimously confirmed these findings. The SDC's standard of excellence is reflected in partners referring to 'Swiss distinctiveness'.



## Effectiveness of the assessed projects

57 projects were assessed on a scale from 0 to 4. In the assessment, 35 projects have been given the best or the second best score.



### Scoring guidance and definition of terms

#### 4 Impact confirmed

In the case of assessing for instance a vaccination programme it would mean that an actual decrease of the illness can be registered in the vaccination target population and target area.

#### 3 Purpose(s) fully attained within the timeframe foreseen, but impact not confirmed.

Purpose would in the case of assessing a vaccination programme mean that the targeted population responds positively to the offer of vaccination by being vaccinated.

#### 2 Result(s)/Output(s) fully attained within the timeframe but purpose(s) not confirmed.

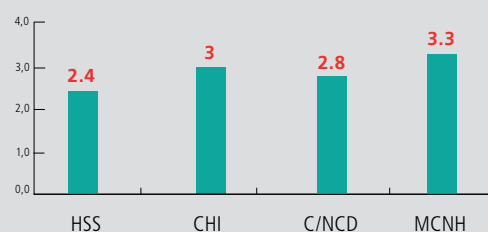
Results/Outputs would in the vaccination case mean that the vaccination programme has been carried out.

#### 1 Result(s)/Output(s) partly attained, more than 50% realisation rate within the timeframe; likely to be fully attained with delay.

#### 0 Result(s)/Output(s) not or only partly attained

Less than 50% realisation rate; unlikely to be attained.

## Effectiveness by individual key area



Shows the average effectiveness of the interventions (as scored by the grading scale 0-4), distributed across the four SDC Key Areas (HSS: health systems strengthening; CHI: community health initiatives; C/NCD: communicable/non-communicable diseases; MCNH: maternal, neonatal and child health).

# STRENGTHENING HEALTH SYSTEM



**Strengthening health systems is necessary to ensure the efficacy and sustainability of service delivery and contributes to the success of health programmes.**

Health systems strengthening is about optimising the various infrastructures and elements that are necessary to building a health care system in a country or a region. Constraints and challenges related to the actual health services need to be identified and addressed. Just as important factors for an efficient health care system include: the workforce involved, financing, management, equipment, medical products and technologies and information.

This first key SDC area is complex, costly and often operates with 'less tangible' objectives and performance indicators that are difficult to quantify. It is therefore not surprising that the projects in this category are those that are assessed as on average the least effective among the four key SDC areas.

More than half of SDC's funding disbursed to the interventions analysed in this assessment was given to the HSS area. In most projects, SDC collaborated with other donors. Even though the projects are large, bulky and difficult to work with, they are essential in providing universal health coverage and in making substantial and long-lasting improvements in people's health status.

**Timely local projects help to build SDC's credibility**  
A common feature of SDC's health aid consists of combining support to the central level (e.g. Ministry of Health), such as strengthening capacity/institutions, with assistance to provincial or district health systems, often in the form of community health programmes. In some cases the support at district or community level had preceded national-level support by several years. Sequencing interventions in this manner has undoubtedly helped to build SDC's renowned credibility, thus establishing a basis for good cooperation and enhancing the relevance and quality of subsequent interventions.

## **Local projects inspiring better policies and strategies**

In some cases valuable coherence can emerge out of a local intervention and thereby inspire broader policies and strategies. One example is the Dar es Salaam Urban Health Project in Tanzania. This local intervention for strengthening a district health system was comprehensive enough to have country-wide implication. Even today the national level continues to be inspired by its good practices.

## **Special focus on primary and secondary health care**

SDC's support to health sector reform processes is based on careful assessments and monitoring of the political, economic and social contexts. In its programmes, SDC focuses particularly on the basic primary and the more specialised secondary health care levels, which serve the majority of the national population and can respond to most common health problems, the public sector and the support to relevant public-private partnerships.

## **SDC resources being thinly spread**

In addition to complexity, one of the primary reasons for the HSS initiatives recording only moderate effectiveness may be rooted in the fact that SDC resources are spread across a relatively large number of interventions. In countries where health is a priority sector, SDC health interventions are comprehensively backed up at the local level by capable SDC staff members (both local and posted) and with access to technical assistance from SDC's headquarters.

In countries in which health is not a priority sector, the attention given to non-priority sector projects is obviously less exhaustive. Yet, health systems strengthening interventions place heavy demands on technical expertise, time and commitment and require a long-term perspective.

# Optimising hospital services in Moldova

## Better survival chances for Moldovan children

In Moldova, the survival chances of 0-5 year old children have been significantly improved as a result of the SDC funded project REPEMOL.

Cahul is one of the provinces in the Republic of Moldova where local medical centres were upgraded with emergency services and intensive paediatric care capacity as part of the SDC funded REPEMOL project (Regionalization of Paediatric Emergency and Intensive Care Services in Moldova).

Dr. Oleg Creciu, the Head of the District Medical Unit of the Cahul district hospital, explains: *"This project has significantly increased the survival chances of 0-5 year old children, who are our priority group, although adults also make use of our services. The population now trusts our services and we have seen an incredible increase in the number of visits to our hospital, from 17,000 in 2010 when we started this process up to more than 30,000 in 2014. You can imagine the increase in quality of life this represents for us here in Cahul."*

The overall goal of the project is to improve services for mother and child health and to increase the survival chances for children needing emergency and intensive care services (the project also works with accident prevention). Implemented in 2008, REPEMOL will run until 2017 to create a new legal framework for the regionalisation of paediatric services and to rehabilitate infrastructure and provide high-performing medical equipment. The project also includes the training of doctors and nurses to increase the quality of care and provide a systemic approach to reforming paediatric care in Moldova.

### Newly arrived equipment saved my daughter

Silvia Morgoci, who is now a project coordinator at REPEMOL, was one of the first women to benefit from the Swiss support: *"In May 2007, at 33 weeks pregnant, I underwent emergency*



*surgery due to problems arising with my pregnancy. My daughter was born with a weight of only 1,540 grams and being 41 cm long. She was in a very critical condition with only mark 6 on the Apgar score [where mark 10 is considered normal]. (The Apgar test is the first test to quickly evaluate a newborn's physical condition and to assess whether there is immediate need for extra medical or emergency care). There was thus a severe risk to my life and that of my daughter, Sofia.*

*After several days, I was allowed to visit her, a moment I will never forget. I entered the care unit for premature new-borns and I could not believe my eyes, it was so well organised, with tiny babies peacefully sleeping in their incubators, just like angels. I found my little girl in one of them.*

*The neonatologist told me that the baby would be able to grow up like other children and that we were lucky because the equipment was brought in just a few weeks before, within a Swiss funded project. Seven years later, looking at my daughter, so big and healthy now, I continue to give thanks for the Swiss contribution we benefited from at a critical moment of our lives."*



# EMPOWERING COMMUNITIES



**Empowering communities and users of health services plays an important role. Helping the most marginalised groups cannot be done solely through public institutions; initiatives that work on the grassroots level are just as important.**

SDC works on a number of levels and through different activities to strengthen and empower communities so that they themselves can help improve health services and awareness of the importance of health issues. The two main focal points in this regard are supporting community based health initiatives and advocating for the role of communities in planning and monitoring health services.

The SDC projects within this key area have an average effectiveness score of 3, indicating a high level of effectiveness.

## **Reducing health access barriers to the poorest**

The fostering of co-management of health services and support for health promotion and behaviour-change initiatives aimed at the poor and most vulnerable groups in society are significant focal points. The marginalised and poor communities and individuals targeted by SDC are often difficult to reach. The involvement of service users is an excellent mechanism to reduce the access barriers to relevant health services and to pave the way for better health outcomes.

## **SDC using effective communication**

The assessment has found that SDC uses communication strategically and effectively. This is particularly important since communication is yet another key component in effectively reaching out to marginalised groups. Health communication is recognised as a discipline central to achieving human rights and crucial for the access of disadvantaged communities to health services and thus social justice. Communication also plays a central role in improving transparency and accountability, which is very often a major stumbling block for the positive social change needed to achieve the goals in SDC's health programmes.

## **Using the whole range of communication tools in Kyrgyzstan**

The way communication was built into and utilised in the Community Action for Health project in Kyrgyzstan is exemplary: The project initiated by SDC and the Swiss Red Cross used social mobilisation and engagement of community volunteers to form effective health clubs where interpersonal communication and social change communication played a key role. A whole range of communication tools were being used, including: pamphlets, booklets, manuals and posters, small training videos, mobile phone-based surveys, and programmes regarding 'broad-based communication for social and behaviour-change'.

## **Empowerment – the potential**

The Kyrgyzstan project also stands out as a showcase for the potential of empowering communities: On how engaging community members can address and even solve their own health challenges. Originally formed as a partnership between local village health committees, the governmental health system and SDC, at the present the project has resulted in the establishment of 1,700 local committees in 84% of all villages in the country.

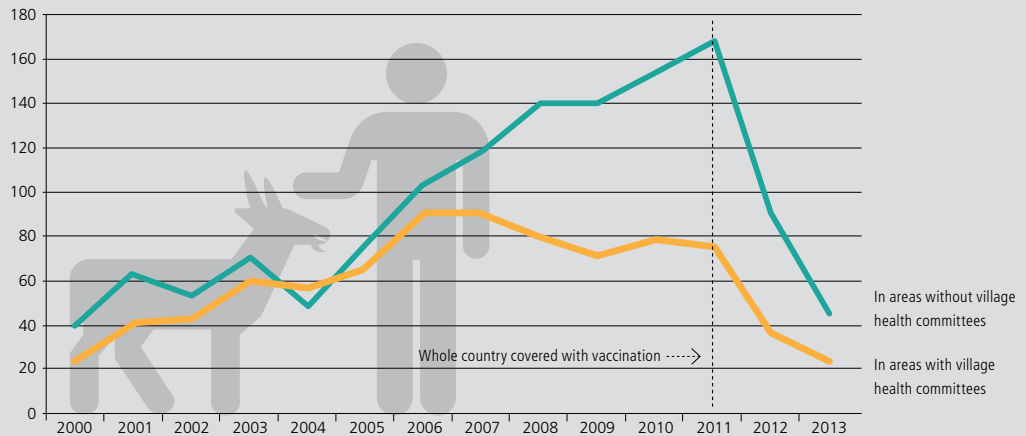
Through these committees over one million people were screened for hypertension from 2011 to 2013 and referred for treatment. The project has clearly improved health awareness and behaviour, which has contributed to decreases in infant, child and maternal mortality rates as well as a drop in cardio-vascular related mortality rates in Kyrgyzstan. The committees have also enabled many women to take on new leadership roles; several of them have been elected for political office at local levels.



## Village health committees with proven effect

Local village health committees seem to be an effective tool to reduce brucellosis incidence in Kyrgyzstan. Brucellosis – also known as Malta Fever – is a highly contagious zoonosis caused by unpasteurized milk or undercooked meat. The bacteria that causes brucellosis is usually spread by goats and sheep. Supported by SDC, the Swiss Red Cross implemented the village health committee programme with great success. In ten years almost the entire kyrgyz population were covered, and a study showed that brucellosis incidents seems to be significantly lower in areas covered with village health committees.

Human brucellosis incidents per 100,000 inhabitants



## Village health committees in Kyrgyzstan

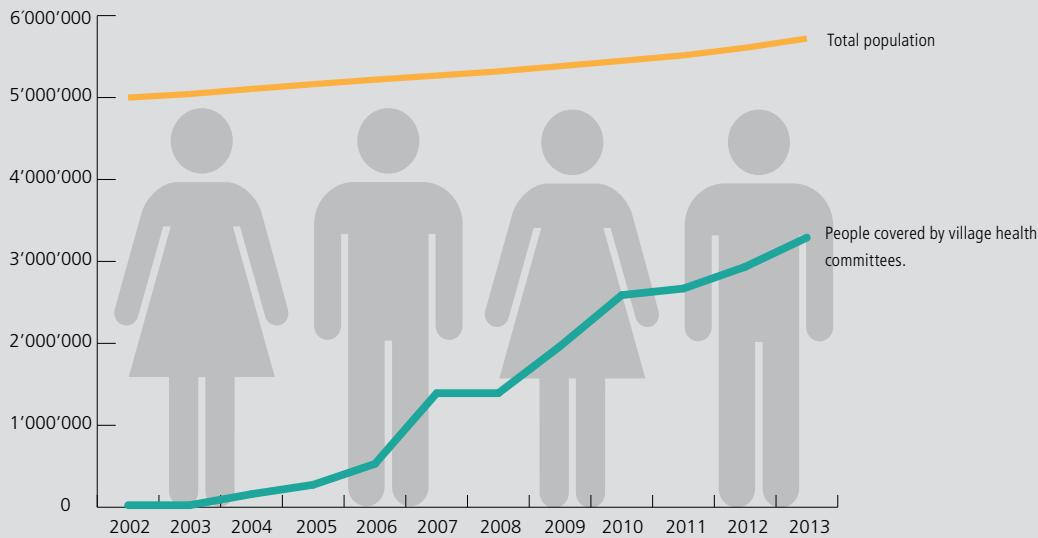
### Empowered kyrgyz women take health issues into their own hands

In a remote mountain region of Kyrgyzstan SDC has helped enable women to improve their health and to reduce maternal and infant mortality.

Situated 2,600 metres above sea level in often poorly insulated houses, the 1,500 inhabitants and 325 households of the village On-Archa in Kyrgyzstan are used to living in harsh conditions. This is not least true for the women who have by tradition led a very secluded life and who have suffered from high blood pressure and illnesses related to lack of hygiene and sanitation as well as animal-transmitted diseases.



### Population covered by Village Health Committees



The situation has significantly changed for the better as a result of the female dominated village health committee that was initiated by SDC and the Swiss Red Cross in 2003. Today, the committee and the women are able to help with the knowledge and the simple tools they have acquired through the project.

#### Decrease in mortality

One of the major areas of concern is maternal and infant mortality, which in the past used to be on very high levels. Maternal health was improved considerably through a simple, better understanding of pregnancy problem warning signs, through little more time for the young mothers to care for themselves and their children and through correct nutrition and improved hygiene.

#### Improvements for disabled children

Another area where the village health committee has made a positive difference is the mental development of children. Previously some vulnerable families would hide children with mental and physical disabilities. Today, the committee helps families to get in contact with a doctor and receive help in

the form of medicine, wheelchairs and social assistance from the state.

#### Funding for further improvements

The chairwoman of the health committee, Beishenalieva Gulai, explains: *"It is great that we have the support from the health promotion unit at county level who comes and trains us in new topics. In order to be able to carry out more activities, such as repairing the bathhouse that we built with a grant from Switzerland 10 years ago, we have begun giving 100 sums each (2 USD) every month to a fund that helps us to undertake additional health-related activities."*



# REDUCING THE BURDEN OF COMMUNICABLE AND NON-COMMUNICABLE DISEASES



**Communicable and non-communicable diseases cause severe health problems and high mortality rates. SDC has been successful in reducing the morbidity as well as the economic burdens of these issues.**

Communicable and non-communicable diseases cover a wide range of health issues. Both categories play important roles when aiming to reduce the overall morbidity and mortality rates.

SDC projects within this key area represent 12% of the projects analysed and score an average of 2.8.

#### **From HIV to diabetes - major causes of illness and mortality**

Examples of communicable or contagious diseases are HIV/AIDS, malaria and tuberculosis. Other serious communicable diseases are diarrhoea and pneumonia, which are major causes of mortality among children under 5 years old in low-income countries. Apart from these examples, there are also neglected tropical diseases that particularly affect the poorest. Examples of non-communicable diseases are cardiovascular and respiratory diseases, cancer or diabetes; not forgetting the corresponding risk factors related to the use of alcohol and tobacco, and to physical inactivity and unhealthy diet.

The SDC strategies in this area focus on: the promotion of healthy lifestyles; disease prevention; locally adapted community-based approaches and multisectoral collaborations to support the policies of relevant government sectors and create supportive environments.

SDC's approach also includes the mainstreaming of HIV/AIDS: SDC promotes the integration of HIV/AIDS and sexual and reproductive health services. To mitigate the impact of possible epidemics in countries with high prevalence of HIV, SDC prioritises prevention activities, psychosocial support and social protection mechanisms.

#### **Inclusion of mental health problems**

SDC pursues a complete human rights based approach. Accordingly, SDC's strategy on communicable and non-communicable diseases includes mental health. Not only are mental disorders highly ranked on the global top-ten list of diseases, they are also a fast-growing issue that disproportionately affects women.

#### **Promotion – a culture of prevention**

SDC efforts have produced a number of good results: In Moldova, this includes an increase to 81% in early registration for antenatal care, an increase in folic acid administration to 77% and in iron administration to 88%. Additionally, SDC's initiatives in Moldova demonstrated an increase in the use of home-based prenatal care-records to 100% and in knowledge of pregnancy danger signs to 92%.

In Kyrgyzstan, SDC's projects have promoted healthy lifestyles and a culture of prevention of communicable and non-communicable diseases that includes overcoming social and cultural obstacles.



## Community based health care in Tanzania

**Malaria infection rates reduced by 85% in Southern Tanzania**

The combination of simple mosquito nets and the use of advocacy, awareness creation and training has had incredible success in Southern Tanzania.

Soljo is a village situated in Morogoro – one of Tanzania’s notoriously endemic malaria stricken regions situated in the southern part of the country. The situation was terrible when the Community Based Health Care project, a crucial component of the Kilombero District Health Support, first began.



Upon the start of the project, the malaria problem was severe, few medicine was available and little local knowledge or understanding existed as to how to improve the situation. The problem has been completely transformed as a result of the SDC-supported project carried out by SolidarMed and in cooperation with the Kilombero District Health Support from 1996 to 2006. The project has motivated the Government of Tanzania to include insecticide-treated mosquito nets in the national malaria strategy. The Global Fund, to which SDC contributes, financed a universal mosquito net coverage campaign, which was implemented with the coordinated support of all malaria partners.

Up to today the malaria infection rate has been reduced by 85%. The fact that a majority of the population now sleeps under insecticide-treated bed nets is obviously an important factor. Equally important is the system of volunteer village health workers and data collectors who have used advocacy, awareness creation, training, and participatory planning and

implementation as key strategies in fighting the spread of malaria.

Even though the impact of the project is clearly visible, it is not easy to separate the exact effect of SDC's contribution, as several stakeholders from the health sector have been involved.

When the evaluation team visited Soljo, the village health officer, Mr. Ally Mohammed encouraged the team to visit any family in the village. He was certain that they would find a good, strong, insecticide-treated net in every home. A visit by the team to a randomly chosen household proved him right.



# IMPROVING MATERNAL AND CHILD-RELATED HEALTH



**SDC is most effective in projects that aim to improve maternal, new-born and child health and sexual and reproductive health and rights.**

Reducing maternal and child mortality is a key priority for SDC and one of the MDG goals. Additionally, SDC recognises and works towards improving the right to sexual and reproductive health for all, including full reproductive choices for women, men, and adolescents. SDC projects in this key area have proved to be successful. With an average effectiveness score of 3.3 this key area is the best performing and most effective of all the four key SDC areas.

## **Maternal mortality still high**

Maternal, new-born and child health as well as general sexual and reproductive health and rights are at the core of public health. Reproductive health implies that people have a safe sex life, the capability to reproduce and the freedom to decide if, when and how often to do so. The main priorities are family planning, prevention of maternal and new-born deaths and disabilities, and the prevention and management of sexually transmitted diseases, including HIV/AIDS. Areas of concern are the prevention of unsafe abortion, gender relationships, violence against women and reproductive cancers.

## **Effective training in Moldova**

In Moldova, the institutional attention and commitment to identify and remedy the causes of maternal and neonatal ill-health are greater than in the other visited SDC cooperation countries. The health reform strategies, which regionalise healthcare and access to local and regional emergency care, represent a reinforcement of care for mothers, new-borns and small children.

Antenatal care has substantially improved as a result of SDC activities. This is due to increased knowledge and practices of primary health care professionals in antenatal care coupled with counselling and advice on key behaviour and practices during pregnancy.

As a result of Moldova's health reform, children under 5 years and their families currently have access to better quality services in the area of integrated

management of childhood illnesses and family counselling and education. The training activities supported by SDC enable family doctors and nurses to increase their knowledge and skills in combating the most common childhood diseases.

## **Small steps forward in Africa**

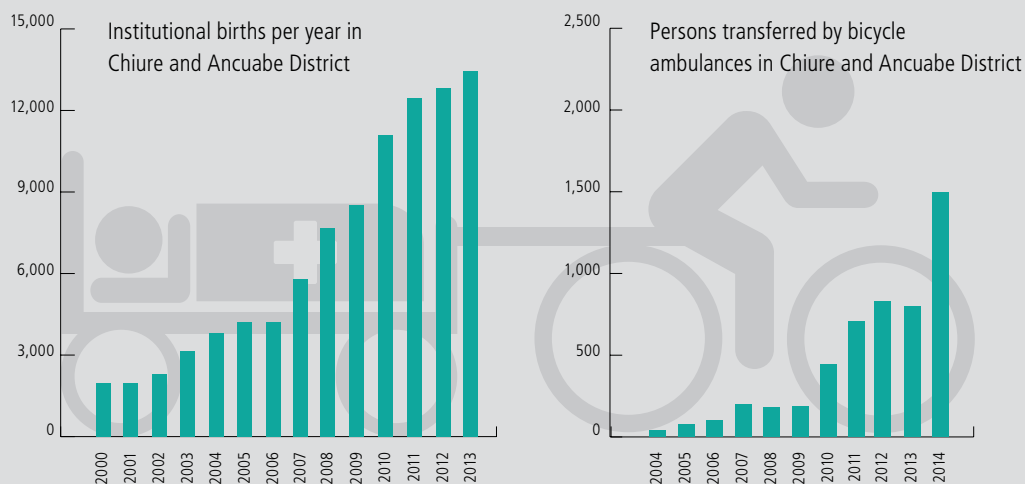
In Africa, the reduction in infant and child mortality is probably due to better immunisation coverage, insecticide-treated mosquito nets and improved diagnostics for malaria. Positive results are furthermore influenced significantly by so-called vertical interventions, some of which have been supported by SDC like the GFATM (Global Fund to fight AIDS, TB and Malaria).

In Tanzania, health is identified as one of the priority sectors contributing to higher-quality livelihoods for all citizens. In the jointly funded 'pooled fund' to which SDC contributes, maternal and child health services are a priority. The assessment found that while child mortality in Tanzania had reduced, there was little progress in reducing maternal mortality and neonatal death.

Other areas that remain challenging in Tanzania are related to services that improve reproductive health. The general antenatal care services do not meet the health sector objectives and even though service delivery has expanded, the quality of services has improved only marginally. In postnatal care the much needed initiatives have not yet been implemented countrywide. Neonatal mortality therefore remains high. Most other child-related health programmes are performing well.



## Bicycle ambulances brings down maternal mortality



Bicycle ambulances in Chiure and Ancuabe districts have contributed to the increase of institutional birth.



## Improving infrastructure in Mozambique

### Bicycle ambulances save lives in Mozambique

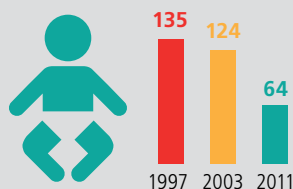
In Cabo Delgado province of Mozambique, SDC and the use of bicycle ambulances have paved the way for improved maternal health. This intervention has also made a positive difference in the fight against HIV and AIDS, malaria and poor hygiene.

Wiwanana, a local Mozambican NGO active in the northeastern province of Cabo Delgado, has received SDC support through the Swiss NGO SolidarMed, to develop a comprehensive approach for community empowerment of health. The intervention is strongly demand-oriented and an excellent

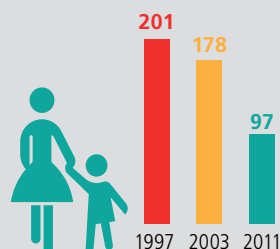


## Effect on child mortality – but still high maternal mortality

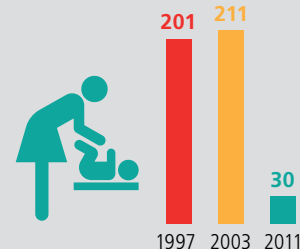
**Infant mortality** Per 1,000 live births



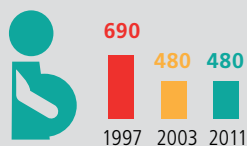
**Child mortality** Per 1,000 live births



**New born mortality** Per 1,000 live births



**Maternal mortality** Per 100,000 live births



Mozambique is one of the main recipients of Swiss development aid. There has been a strong focus on maternal and child health. While there is significant positive result on child mortality from 2003 to 2011 there is still a high maternal mortality in the country.

complement to the sector budget support that SDC has been providing both in Cabo Delgado and at central level.

### Positive outcomes on many levels

The overall aim of the Wiwanana project has been to make the rural population of Ancuabe and Chiure less vulnerable to diseases and to generally improve their health status. The project has managed to bridge the gap between needs and services available in an extremely poor area through the use of bicycle ambulances. This intervention has been instrumental in improving maternal health and in contributing to positive outcomes in HIV and AIDS, malaria and hygiene.

Room for improvement remains: Wiwanana has not yet become an independent Mozambican organisation and needs to strengthen its planning and management tools to ensure a sustainable future. However, the steady increase in the number of institutional births is an important improvement in a country with one of the highest maternal mortality rates in the world.

### Pregnant women saved by bicycle ambulances

The bicycle ambulances have helped to greatly increase the security for mothers and infants during pregnancy and around childbirth. This means more lives are saved in a country where, for every 100,000 deliveries a staggering 4,000 babies and 480 mothers are still likely to die. In Chiure District a qualitative survey has shown that 87 % of interviewed women know at least one woman in the village who died in childbirth.

In 2013, the bicycle ambulances transported 798 patients, mostly pregnant women and children. Constangelina Basílio is one of the happy mothers: *"My little son, Magalhães, was saved by the bicycle ambulance! Without it, he would not have been treated in time. Imagine how grateful we are!"*

# MULTILATERAL ORGANISATIONS AND NGOs

**Partnerships with multilateral organisations and NGOs are essential for SDC's ability to support and produce sustainable results. SDC is good at leveraging influence and expertise through partnerships. But partnerships also provide SDC with valuable insights.**

## **Health development through multiple partnerships**

SDC supports several multilateral organisations/initiatives within the health sector, often with core commitments made on a multi-year basis. Amongst the organisations covered by this assessment are:

- World Health Organisation (including earmarked funding to HRP and TDR)
- Joint United Nations Programme on HIV/AIDS (UNAIDS)
- United Nations Population Fund (UNFPA)
- International Planned Parenthood Federation (IPPF)
- Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM)
- Providing for Health (P4H)
- Medicines for Malaria Venture (MMV)

Switzerland shares the overall goals of the UN health agencies. By supporting WHO, UNFPA and UNAIDS, SDC can pursue its health strategies and objectives for example in terms of: improving access to medicines for neglected diseases; sustaining the fight against malaria and HIV/AIDS, and of identifying sources of health financing to increase equity.

## **SDC leveraging influence and gaining useful contributions**

The assessment, based on the Multilateral Organisation Performance Assessment Network (MOPAN), independent evaluation offices and SDC internal documents, finds that SDC is using its technical expertise and first-rate reputation effectively to leverage its influence within the UN agencies working with health development. Especially during the last two years, Switzerland's policy influencing at UNAIDS and the GFATM has become visible both through its representation and influence on the

board and through influential committees in the diplomatic health-hub Geneva. The assessment also concludes that initiatives by non-UN organisations match well with SDC's health strategy and provide the means to influence the global health aid architecture and policy development, while yielding useful contributions to SDC's own operations.

## **NGOs' work generally effective and of high quality**

SDC's partnerships with NGOs are important for the agency's ability to produce sustainable health developments. This is true for those NGOs that form implementing partnerships together with SDC as well as for the more institutionalised partnerships, where SDC acts as a contributing partner to NGO projects.

The assessment finds that NGOs working in health and that are supported by SDC generally carry out high-quality, often excellent, relevant and effective work, even if at times more attention may be devoted to follow-up and documentation. The degree to which interventions have been effective and achieved their desired outcomes is generally high. Assessing the actual level of impact is hampered by the weakness of the countries' health management information systems.

SDC also works with NGOs when providing humanitarian aid in specific emergency situations. When humanitarian aid is being donated for a longer period, this is done usually through Swiss NGOs/relief agencies. The assessment finds that extending the span of budget allocations for humanitarian actions from one to several years could serve as a bridge from aid assistance to more sustainable health developments.

## **Two-way purpose**

SDC's support to Swiss NGOs serves a two-way purpose. Firstly, NGOs are recognised as possessing the means to carry out initiatives. They may thus extend the services to beneficiaries or to geographical areas that are not accessible or suitable for state agency interventions.



## A wide range of partners



SDC's contributions to Multilateral Organisations, GHIs, Networks, and Institutional Partnerships with Swiss NGOs (2000-2013).

Organisation	Mio. CHF
WHO (including HRP and TDR)	73
UNAIDS	66
UNFPA	183
Global Fund to fight AIDS, TB & Malaria (GFATM)	84
International Planned Parenthood Foundation (IPPF)	11
Providing for Health (P4H)	2
Medicines for Malaria Venture (MMV)	12
Swiss NGOs (with health as priority sector)	85

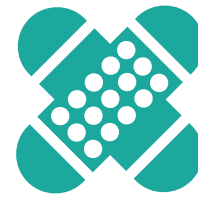
Secondly, by working together with NGOs that are often focused on innovation and at the cutting edge of social developments, this feeds insights and inspiration back into the development of SDC. Furthermore, the partnerships with civil society help to raise public awareness on humanitarian and development issues.

### Coherence and relevance

In general, the Swiss NGOs were found to conform to relevance and coherence in relation to national health policy as well as SDC's key strategies. In addition, SDC has been a consistent advocate of coherence among external partners thus synergy and complementarity with other donors is beneficial.



# CONCLUSIONS AND LESSONS LEARNED



**SDC's health projects are effective and renowned.**

**With this positive background and with the lessons learned through the assessment, SDC is in a good position to produce even greater effectiveness in future health-related development projects.**

The key message from the assessment is that the SDC health interventions in the period 2000 - 2013 have shown effectiveness. This is true in the four key areas where SDC, as outlined in the SDC health policies, has chosen to prioritise its efforts. The overall goal is to improve the health of the poor and vulnerable populations by reducing inequalities and promoting sustainable development.

#### **Effectiveness in spite of complexity and competing interests**

A net total of 57 projects and interventions were assessed within the four SDC key areas: strengthening health systems, empowering community health, reducing the burden of communicable and non-communicable diseases and finally, improving maternal and child health and sexual and reproductive rights.

'Health systems strengthening' in particular, is complex and requires long-term engagement and expertise in a range of fields as foundations. Due to this complexity, the effectiveness of 'health systems strengthening' is often difficult to demonstrate. SDC's other three key areas are equally subject to unpredictability as they are situated in the midst of competing interests and ambitions. Such difficulties make the success of SDC's projects even more noticeable.

#### **Recognition of SDC's robust partnership approach**

SDC's approach to building and using partnerships to enhance sustainable health developments is robust and in general well-functioning. In all the countries visited, the assessment has found that SDC is considered a significant, trusted and much appreciated advisor in national policymaking and in the coordination and intermediation with health donors. This corresponds well with the assessment of SDC's collaboration with 11 development and aid organisations (from UN bodies and multilateral aid organisations to Swiss NGOs). In general, SDC's collaboration with these 11 organisations was found to be relevant and highly effective.

#### **From emergency situations to long-term development assistance**

Partnership is similarly a component when SDC provides humanitarian aid in emergency situations such as: drinking water, medical support, shelter and housing, or food and nutrition. Humanitarian aid is donated on short-term bases; any subsequent longer-term response is usually entrusted to Swiss NGOs/relief agencies. The assessment finds that an extended span of budget allocations for humanitarian actions from one to several years could be considered once a humanitarian aid project has been identified as a possible forerunner for development assistance.

#### **Increasing costs in pooled funding schemes**

In some countries, SDC has contributed to health sector budgetary support or so-called 'pooled funding'. Pooled funding is a mechanism in which several donors contribute money to a common account. The funding is used to finance a broadly agreed set of activities and may result in a significant part of the national health budget. The primary purpose of using pooled funding is to reduce transaction costs that arise if cooperating with several external agencies and implementing many different projects. Pooled funding is used whenever donors want to channel resources directly to a specific budget (e.g. health); to ensure that funds are spent in accordance with national priorities and principles as well as to facilitate coordination.

Sector-Wide Approach (SWAP) is a form of cooperation in which the most important development donors and other health sector stakeholders focus on a strategy defined under the leadership of the Government. It is a sustained partnership led by national authorities, where all stakeholders work in a coordinated way to achieve agreed targets. SWAP and pooled funding are valid mechanisms to overcome some of the deficiencies of the 'project-approach'.



An important message received during the assessment is that joint funding of health initiatives through pooled funding is in some countries not working in accordance with its original intentions of making aid more effective. Contrary to aspirations, the 'transaction costs' related to managing pooled funds have increased on the part of the host country's health authorities as well as for its international partners. An increased focus on financial management and governance issues is absolutely necessary to improve process efficiency and development effectiveness. However, this has sometimes resulted in less attention given to innovative ways to improve health service delivery. Nevertheless, SWAP and pooled funding approaches have contributed to advance certain reform processes such as a more decentralised allocation of resources or better prioritisation and planning.

#### **SDC bringing health services to previously deprived communities**

SDC's emphasis on health mirrors the international ambition regarding development through improving health conditions. Many SDC interventions have allowed more funds to reach poor communities and to peripheral, decentralised levels of the health system while implicitly increasing equity.

SDC-funded community health initiatives have improved access to health services for communities

previously deprived of such services. This has encouraged people to demand appropriate care and to improve their health status. In some case it even had spill-over effects on nearby communities and on national policy-making.

#### **Communication as a key tool in advancing health**

In all the four key areas SDC has used communication appropriately and effectively. This includes the use of pamphlets, posters, radio programmes, drama and not least through personalised approaches where health personnel actively engage 'at risk' groups within the population.

Communication is an important and effective key to reach marginalized groups within the population. It is similarly crucial to advance human rights and to enhance the access of disadvantaged communities to health services and thus social justice. Communication is also a tool to improving transparency and accountability, which is a common stumbling block to the positive social change needed to achieve SDC's goals in health programmes.

#### **Lessons learned for the way forward**

Even though SDC's projects are by and large effective, the assessment identifies lessons learned and areas that should be taken into consideration in the planning of future SDC health activities.

Apart from the attention to rising transaction costs in pooled funding projects mentioned above, SDC should consider further concentrating health initiatives in countries where health is a key priority in the aid programmes. This would consequently add more focus to the efforts. Likewise, a reassessment of internal (SDC) and domestic (Swiss) resources for health aid could help identifying the domains in which Swiss health aid has comparative advantages and where it could add even more value.

#### **Sustainability to remain in focus**

SDC's focus on sustainability has improved during recent years, yet it remains important for SDC to enhance the level of sustainability in its projects. This can be achieved by making governments and ministries of health assume greater ownership and live up to their commitments. Although SDC interventions are generally well embedded in the local organisational structures, it would be possible to devise better exit strategies in many cases.

### **More streamlined internal processes recommended**

Expanding the relatively small circle of Swiss institutions from which expertise is drawn as well as strengthening the processes for reporting are other areas where SDC could improve. In spite of the high level of effectiveness, the adoption of more streamlined internal processes would be of benefit: from documentation accessibility to procedures that reinforce the quality and clarity of reviews and evaluation. The assessment has found that in some cases documents do not have a consistent standard, making the identification and extraction of data cumbersome. In addition, the quality of reviews and evaluations vary significantly.

### **Input of policy dialogue**

Due to the degree of confidence with all partners, SDC often finds itself in an intermediating role, especially when there are calls for consensus-making. SDC is in a unique role to engage more forcefully in the process of policy dialogue. Policy dialogue is important as a means to assess the recipient countries' appetite for agreed reform, and which deals with lapses of accountability. In the event of inaction it allows imposing a clear and coordinated response, which is adhered to by all partners.

### **Utilise key competences for more purposes**

Looking at the areas where SDC is already performing well can be worthwhile in the pursuit of even greater effectiveness. SDC's strong approaches and competences in regards to participation, flexibility, transparency and communication could be utilised more vigorously. An example would be to identify more precisely the actual sources of the observed positive changes in order to continue to build systematically on these changes.

The assessment also finds that in certain cases a more prudent appraisal of the host environment's strengths, weaknesses, opportunities and threats, along with a better mapping of stakeholder interests would have a positive effect on SDC health interventions. These and other recommendations identified in the assessment would further improve the value and outcome of the Swiss Agency for Development and Cooperation's health programmes, which play an active role in promoting health as a global public good and a universal human right.



**Publisher**

Federal Department of Foreign Affairs FDFA  
Swiss Agency for Development and Cooperation SDC  
3003 Bern  
[www.sdc.admin.ch](http://www.sdc.admin.ch)

**Technical assessment of effectiveness**

NIRAS A/S

**Concept, text and layout**

NIRAS A/S

**Pictures**

Cover: SolidarMed / Martin Walser  
Pages 8, 13, 22, 24: NIRAS A/S  
Pages 14, 20, 21, 28, 30: SDC  
Page 16: Swiss Red Cross / Elizabeth Lundeen  
Page 18: Swiss Red Cross / Fabian Biasio  
Page 31: Swiss Malaria Group / Suzanne Van Hulle

**Orders**

FDFA Information  
Tel: +41 (0)58 462 44 12  
E-mail: [deza@eda.admin.ch](mailto:deza@eda.admin.ch)

This results assessment was conducted by independent external consultants. Responsibility for the content and presentation of findings and recommendations rests with the evaluation team. The views and opinions expressed in the report do not necessarily correspond with those of the Swiss Agency for Development and Cooperation (SDC).

This publication is also available in German, French and Italian. It can be downloaded from the website: [www.sdc.admin.ch/publications](http://www.sdc.admin.ch/publications)

The technical report is available on request.

**Bern, 2015**